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REPORTS INVENTORY

CONTROL NO.

PREPARE IN DUPLICATE

1. TITLE OF REPORT (if a fill-in report include Form No.)	2. TYPE OF REPORT		
DDI EOD Schedule to DDI/Admin	X	STATISTICAL	
		NARRATIVE	
		MACHINE-NAME LISTING	

3. FUNCTIONAL AREA	X	PERSONNEL		TRAINING		ADMIN. GENERAL
		LOGISTICS		SECURITY		OTHER (specify)
		MEDICAL		FINANCE		

4. NO. OF COPIES PREPARED	5. FREQUENCY (weekly, monthly, quarterly, etc.)	6. DISTRIBUTION (No. of components not number of copies)
3	weekly	1

7. FORMAT (memorandum, form computer print-out, etc)	8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT
name listing		YES	IF YES GIVE ADP PROCESSING NO.
	X	NO	DDI/Admin

10. PREPARING COMPONENT (include lowest level contributing information to report)	11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)
DDS/OP/SPD/PPB	Information obtained from daily record kept by processing assistant.

12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED	=	COST PER YEAR
GS-05 to GS-07	$5.00		1/2		$2.50		52		$130.00

B. COSTS OF COMPUTER PRODUCED REPORTS

TOTAL COSTS PER YEAR

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

As a matter of information to DDI/Admin and as a means to project ceiling and budget requirements.

14. FUTURE GOALS

GOAL PROPOSED BY COMPONENT FOR THIS REPORT		ESTIMATED SAVINGS	
X RETAIN AS IS OTHER (explain)		MAN-HOURS	DOLLARS
CHANGE			
DISCONTINUE			

16. DATE OF INVENTORY	17. NAME AND TITLE OF PERSON FURNISHING INFORMATION	18. EXTENSION
9/21/70	DD/Pers/R&P	

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FORM 142
9-70

Classification